

PATENT

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FEB 11 2005

In the **PATENT APPLICATION** of:

Mario Meggiolan

Application No.: 10/736,325**Confirmation No.:** 3694**Filed:** December 15, 2003For: INTEGRATED CONTROL AND POWER
UNIT FOR USE ABOARD A BICYCLE**Group:** 3611**Examiner:** Daniel S. Yeagley**Our File:** CAM3-PT032.1**Date:** February 11, 2005**SECOND AMENDMENT AFTER ALLOWANCE**
PURSUANT TO 37 C.F.R. §1.312Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please amend the application prior to issuance as follows. Please disregard the Amendment submitted on February 10, 2005 as it misidentified a paragraph number. Please enter only this Amendment before issuance. The below amendments merely correct grammar and typographical errors.

PTO/SB/21 (09-04)

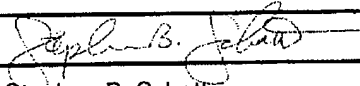
Approved for use through 07/31/2006.

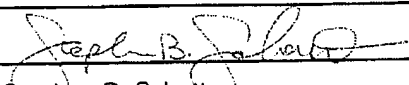
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/736,325	RECEIVED CENTRAL FAX CENTER FEB 11 2005
	Filing Date	December 15, 2003	
	First Named Inventor	Mario Meggiolan	
	Art Unit	3611	
	Examiner Name	Dennis S. Yeagley	
Total Number of Pages in This Submission	Attorney Docket Number	CAM3-PT032.1	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Second Amendment after Allowance Pursuant to 37 CFR 1.312
Remarks <div style="text-align: center; font-size: 1.2em; font-weight: bold;">OFFICIAL FACSIMILE</div> 6 PAGES SENT VIA FACSIMILE TO 703-872-9306.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VOLPE AND KOENIG, P.C.		
Signature			
Printed name	Stephen B. Schott		
Date	2/11/2005	Reg. No.	51,294

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being sent Via Facsimile (703-872-9306) addressed to: Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450, on the date shown below:			
Signature			
Typed or printed name	Stephen B. Schott	Date	2/11/2005

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